

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 DEC 28 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000066593

1. Entity Name
SBZZ OF ORLANDO, INC.



Principal Place of Business
190 E. MORSE BLVD
WINTER PARK, FL 32789

Mailing Address
C/O BROWN HARRIS STEVENS
770 LEXINGTON AVE., 5TH FLOOR
NEW YORK, NY 10021

REINSTATEMENT *CP*



1212006 REIN-P CR2E098 (11/05)

2 Principal Place of Business

3 Mailing Address

Suite Apt # etc

Suite Apt # etc

City & State

City & State

4 FEI Number
58-2405499

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAM ATTERBURY
ALLEY MAASS ROGER & LINDSEY
340 ROYAL POINCIANA SUITE 321
PALM BEACH, FL 33480

Name

Street Address (P O Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. I am familiar with and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME ZECKENDORF, ARTHUR
STREET ADDRESS 770 LEXINGTON AVE
CITY - ST - ZIP NEW YORK, NY 10021

TITLE ☐ Change ☐ Addition
NAME 500082818965
STREET ADDRESS 12/28/06--01026--031 **150.00
CITY - ST - ZIP

TITLE VP ☐ Delete
NAME ZECKENDORF WILLIAM L.
STREET ADDRESS 770 LEXINGTON AVE
CITY - ST - ZIP NEW YORK, NY 10021

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE VP ☐ Delete
NAME SWIG, KENT
STREET ADDRESS 770 LEXINGTON AVE
CITY - ST - ZIP NEW YORK, NY 10021

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE VP ☐ Delete
NAME BURRIS, DAVID
STREET ADDRESS 770 LEXINGTON AVE
CITY - ST - ZIP NEW YORK, NY 10021

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed or on an attachment with an address with all other like empowered

SIGNATURE:

Arthur Zeckendorf Managing Member
12/27/06 212-906-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR